

Donald J. Lee, Jr.
Chief of Police



Key West

POLICE DEPARTMENT

EMPLOYMENT APPLICATION

The Key West Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion, or any other legally protected status.

E-Verify Identification # 1007014

THIS APPLICATION MUST BE PRINTED IN BLACK INK

POSITION APPLYING FOR:

DATE: _____

_____ Certified Police Officer
_____ Telecommunicator I
_____ Other _____

**Affix Photo
Here**

PERSONAL HISTORY

Full Name:

Last Name First Middle Abbrev

Residence Address

City County State Zip Code

Home Telephone Number Cellular Number

E-Mail Address Date of Birth Race Sex



RESPECT - INTEGRITY - FAIRNESS

Key West Police Department 1604 N. Roosevelt Blvd. Key West, FL 33040 (305) 809-1111
www.keywestcity.com



PERSONAL HISTORY STATEMENT

The Key West Police Department is requiring you to fill out this employment questionnaire. No other document, which you will prepare during your application process for a position with the City of Key West, is as important as this questionnaire and it is in your best interest to follow these instructions. There are more applicants for employment than there are available positions.

Applications must be hand written by the applicant in BLACK INK, after thoroughly completing the document, **you must have it notarized** on the appropriate pages. If you fail to follow these instructions, the hiring process may be terminated and may not be re-scheduled for a significant length of time.

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents, which you are required to obtain. The Key West Police Department understands that some documents may have to be requested and mailed to you. In that case, a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning persons, be sure to fully identify the individual by his or her full name. Further, give complete addresses. **Do not assume** that the investigator will attempt to determine street numbers, correct street spelling, apartment numbers, telephone numbers or zip codes. If your questionnaire is not complete and notarized at the time of your initial review, the process will be terminated.

When completing the residence portion of this questionnaire, be sure you provide every address where you have lived at since birth for police officer positions and for the past ten (10) years for any other position, in order from your present address backwards. If necessary call the appropriate person to find out the exact address and the time period during which you resided at that address.

When completing the employment portion of this questionnaire, be sure to provide each employer, in order from your present employer backwards for police officer positions and provide each employer for the past ten (10) years, in order from your present employer backwards for all other positions. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer by indicating "from" and "to" and printing "UNEMPLOYED" in the section headed "Name of Employer." Further, if you worked more than one job at one time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

Please use a supplemental sheet of paper, if your detailed answers do not fit in the space provided.

Again, answer each question as completely and honestly as possible. More applicants are not accepted because of omission and/or concealing information than because of previous behavior. **Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.**

PERSONAL HISTORY

Other: List all other names you have used including circumstances and time periods you used them. (I.e. maiden name, former name(s), alias(es), or nickname(s))

Name	Circumstance	Dates From – Mo./Yr.	Dates To – Mo./Yr.

Social security number: _____

Are you 19 years or older? _____YES _____NO

Place of birth: _____
City State County Country (If not U.S.)

Are you a United States citizen? _____YES _____NO

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? _____YES _____NO

FOR STATISTICAL AND BACKGROUND CHECK PURPOSES ONLY

Marital Status (Check One)

Single () Married () Engaged () Separated () Divorced ()

Race: _____ Sex: _____

If Married, Please provide the following information on your spouse:

Name: _____ Race: _____ Sex: _____

Date and Place of Birth: _____

Address: _____ Phone Number: _____

FAMILY HISTORY

List all members of your family including Ex-Spouse, Brothers, Sisters, Children, Step-Children, In-Laws and Parents.

Name (Last, First, Middle)	DOB	Relationship	Address

EDUCATION / TRAINING

High School Name & Address	Years Completed	Did you graduate?	Type of Diploma

College/University Name & Address	Credit Hours Earned	Did you graduate?	Type of Degree

*Attach diploma or official transcript from last institution of higher education attended.

Major: _____ Minor: _____

CERTIFICATES

Indicate any law enforcement related education/training: _____

Do you speak, read or write any foreign language? _____ YES NO

What language: _____

ARREST HISTORY/COURT DATA CRIMINAL RECORDS DISCLOSURE REQUIREMENT

Have you EVER been charged, cited, arrested or convicted for violation of any laws (including criminal traffic violations), by juvenile authorities, or any law enforcement agency regardless of whether the record in your case has been “sealed,” “expunged,” “dropped,” or otherwise stricken? _____ YES _____ NO

Have you EVER been the subject of or a suspect in any criminal investigation? _____ YES _____ NO

Have you EVER been fingerprinted for any reason? (arrest, job, Military, etc.) _____ YES _____ NO

If you answered YES to any of the questions above, please provide complete details below.

Date	Violation or Actual Charge	Location City & State	Court Disposition or Sentence	Police Agency
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If you have expunged or court sealed records, the following Florida State Statute applies to your application with the Key West Police Department.

Florida State Statute 943.050 Criminal History record expunction or sealing:

This Statute under section 943.058 (a) states that in part “The effect of expunction or sealing of criminal history records under this section or other provisions of law, including former SS 893.14 and 901.33 shall be that when all criminal history records have been sealed or expunged, the subject of such records may lawfully deny the expunged or sealed records, EXCEPT in the following circumstances:

(a) When the person who is the subject of the record is a candidate for employment with a criminal agency.”

This exception requires by law that you as an applicant for employment with a criminal justice agency (the Key West Police Department) must NOT deny or fail to acknowledge the events in any expunged or sealed records. In addition, the applicant must supply this agency with copies of the incident report, court’s disposition, and the Order to Expunge or Seal. These documents are usually available from the attorney who requested the courts to expunge or seal your records.

A denial or failure to acknowledge the events in **ANY** arrest, including juvenile, expunged or sealed records will result in disqualification or termination.

Applicant’s Signature _____

Date _____

RESIDENCES

List chronologically all addresses, including residences while in school and in the military. For college or campus residence give dormitory name, city and state residence. If military service cannot be shown as a street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. (Sworn from Birth; Non-Sworn 10 years)

From-To Dates Mo/Yr	Street Address	City	County	State

MILITARY HISTORY

IF YOU HAVE NEVER SERVED IN THE U.S. MILITARY, PLEASE SIGN THE STATEMENT BELOW:

I, _____, have never served in any branch of the United States Military Service.

Applicant's Signature _____

Date _____

IF YOU HAVE SERVED IN THE U.S. MILITARY, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Branch of Service: _____ Date and Type of Discharge: _____ Additional

Branch: _____ Date and Type of Discharge: _____ Active Duty

Dates: From: _____ To: _____ From: _____ To: _____ Are you now

or have you ever been a member of a reserve unit or the National Guard? ____YES ____NO

If yes, state the branch of service, name and location of your unit and whether you attend drills, meetings, etc. _____

Were you ever court-martialed, tried on charges, the subject of a summary court or did you receive an Article 15? ____YES ____NO or Captain's Mast? ____YES ____NO

If yes, provide details: Date(s): _____ Place: _____

Nature of offense and action taken: _____

VETERAN'S PREFERENCE

Do you wish to claim veteran's preference in appointment pursuant to Chapter 195 of the Florida Statutes? ____YES ____NO

Have you claimed and been employed using veteran's preference since October 1, 1987? ____YES ____NO If

yes, please give the name of employer: _____

NOTE: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the employing agency and/or Criminal Justice Standards and Training Commission. False execution of the affidavit shall constitute a misdemeanor of the second degree and disqualify you from appointment as a Correctional or Law Enforcement Officer. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, FL 33731.

APPLICANT CREDIT HISTORY

1. Have you **EVER** defaulted on a loan? ____YES ____NO
2. Have you **EVER** filed for bankruptcy? ____YES ____NO
3. Have you **EVER** been more than 90 days late on any payment? ____YES ____NO

IF YOU ANSWER YES TO THE QUESTIONS ABOVE, PLEASE PROVIDE COMPLETE DETAILS:

DRIVING HISTORY

Are you a licensed Florida automobile operator or chauffeur? ____YES ____NO

License Number: _____ Date of Expiration: _____ Restrictions: _____

Have you **EVER** had your driver's license suspended or revoked? ____YES ____NO

If YES, please provide an explanation: _____

Have you **EVER** received a citation (ticket) for a traffic violation? (Do not include parking tickets)
____YES ____NO

If YES, please provide an explanation: _____

EMPLOYMENT HISTORY

I. List chronologically ALL Employment beginning with present employment, including summer, part-time and while attending school. ALL time must be accounted for. If unemployed for a period of time, please state time period and reasons.

Name and Address of Employer	Dates Worked		Salary	Position/ Title	Supervisor	Reason for Leaving
	Mo/Yr From	Mo/Yr To				
Name						
Address						
City, State, Zip						
Phone No.						
Name						
Address						
City, State, Zip						
Phone No.						
Name						
Address						
City, State, Zip						
Phone No.						
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City, State, Zip						
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Phone No.						
Name						
Address						
City, State, Zip						
Phone No.						

PLEASE USE SUPPLEMENTAL PAGE FOR THE REMAINDER OF YOUR EMPLOYMENT HISTORY

Did you work for any of these employers under a different name? ____YES ____NO

If yes, which employer(s) and under what name(s)? _____

We must contact your present employer prior to accepting you for employment. May we contact your present employer now? ____YES ____NO

Have you EVER been dismissed or asked to resign from any place of employment? ____YES ____NO

Have you EVER had any disciplinary action taken against you from any employer? ____YES ____NO

Have you EVER been forced to resign or resigned following allegations of misconduct or unsatisfactory job performance?

If you answer yes to any of the above questions, please provide complete details:_____

List **ANY** Law Enforcement Agencies to which you have applied to or ever been turned down by. Include dates and the status of your application._____

MISCELLANEOUS INFORMATION

SEAT BELT LAW

All seated occupants of city owned, leased or rented vehicles and all personal vehicles operated on city business shall properly utilize the seat belts or occupant restraint system provided.

Failure to utilize seat belts or occupant restraint system shall be considered a violation of the Florida Seat Belt Law and City Rules and Regulations.

An employee, who fails to utilize the restraint system of a vehicle and is injured, may have his or her statutory workers compensation reduced by 25 percent.

Date

Applicant Signature

DRUG INVOLVEMENT HISTORY

Do you now illegally use or have you illegally used any drugs or controlled substances in the past (24) twenty-four months? _____YES _____NO

Have you EVER used, sold, or possessed any illegal drugs or controlled substance? _____YES _____NO

Have you EVER been involved with any of the following drugs other than those prescribed for you by a licensed physician?

IF YOU ANSWERED YES TO THE QUESTIONS ABOVE, PLEASE PROVIDE COMPLETE DETAILS:

Drug	Slang	# Times	First Time/ Last Time Mo/Yr	Circle One
Marijuana Any type of derivative	Pot, Grass, Hash, THC			YES NO
Cocaine, Crack or Any type of cocaine derivative	Snow, Powder, Nose Candy, Toot			YES NO
LSD	Acid, Blotter Orange Sunshine			YES NO
PCP	Angel Dust			YES NO
Opium				YES NO
Barbiturates	Valium, Downers, Barbs, Phennies, Yellow Jackets, Quaaludes			YES NO
Amphetamines	Speed, Bennies, Uppers, White Crosses			YES NO
Methamphetamines	Crank, Crystal, Ice			YES NO
Psilocybin	Mushrooms			YES NO
Steroids	Human Performance Drugs			YES NO
Inhalants	Glue, Paint, Etc			YES NO
Other				YES NO

NEIGHBORHOOD REFERENCES

Please list the names and addresses of three of your immediate or past neighbors. We are going to forward them a neighborhood reference sheet to fill out on you. **Please print complete first and last names. Complete address and please use proper salutations (i.e. Ms., Mrs., or Mr.)**

Name and Address
Name
Address
City, State, Zip
Phone No.
Name
Address
City, State, Zip
Phone No.
Name
Address
City, State, Zip
Phone No.

PERSONAL REFERENCES

List six (6) people who have known you for at least five (5) years. **DO NOT** list people residing at your address, who are related to you or who are former / current employers. Also, do not list persons who are related to each other. Those listed will be contacted to appraise your character, ability, experiences, personality and other qualities.

Name and Address	Sex/Race	Yrs. Known	DOB/ Age	Occupation/Title
Name				
Address				
City, State, Zip				
Phone No.				
Name				
Address				
City, State, Zip				
Phone No.				
Name				
Address				
City, State, Zip				
Phone No.				
Name				
Address				
City, State, Zip				
Phone No.				
Name				
Address				
City, State, Zip				
Phone No.				
Name				
Address				
City, State, Zip				
Phone No.				

CONFIDENTIAL EMPLOYEE HISTORY

**THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND
WILL NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION.**

I. APPLICANT INFORMATION

Name: _____ Social
Security Number: _____ Position
Applied For: _____

II. APPLICANT INSTRUCTIONS:

As part of the application process for the position listed above, you will be provided with a copy of the job description for that position. You are asked to review the information on the form and complete this questionnaire. The Key West Police Department is using this procedure to ensure compliance with the Americans with Disabilities Act of 1990. Please check the appropriate option below and sign in the space provided.

I have read (or had read to me) the job description for the position listed above and

_____ Option I. I am capable of performing the duties of the job as described

_____ Option II. I am capable of performing the duties of this job with the following accommodations: _____

_____ Option III. I am not capable of performing the duties of this job.

I certify that my answers are true and correct to the best of my knowledge.

Applicant Signature _____

Date _____

Please provide name and address of next of kin or other person to be contacted in case of an emergency:

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell / Business Phone _____

KEY WEST POLICE DEPARTMENT

MINIMUM ELIGIBILITY REQUIREMENTS

In order to qualify for a **NON-SWORN** position, an applicant must:

1. Be at least 19 years of age.
2. Be a high school graduate or have equivalent. (GED)
3. Never convicted of a felony.
4. No hard drug involvement within the past 5 years.
5. Be of good moral character.

In order to qualify for a **SWORN, RESERVE** or **AUXILARY** position, an applicant must:

1. Be at least 19 years of age.
2. Be a U.S. citizen. (Native born or naturalized)
3. Be a high school graduate or have equivalent. (GED)
4. No drug use within 24 months.
5. No hard drug involvement within the past 5 years.
6. Never convicted of a felony or domestic battery
7. Have good moral character.

SELECTION PROCESS

I. **Application Received and Reviewed**– You must fill out the application, complete with full names, addresses, zip codes and telephone numbers and return to this office. Upon return, your application will be reviewed by a Background Investigator and command staff for completeness. If needed, a letter will be sent requesting additional information or clarification.

II. **Interview** – If applicable, you may be scheduled for an oral board.

III. **Certified Voice Stress Analysis (C.V.S.A)** – The C.V.S.A consists of interview questions and questions regarding the statements and answers on your application. The length of the analysis is usually one to two hours.

IV. **Physical Abilities Test** – The Key West Police Department requires that each candidate for a Certified Police Officer Position (and those individuals seeking academy sponsorships) successfully complete a Physical Abilities Test (PAT). The test is administered on an appointment-only basis at our facility here in Key West, in the actual weather conditions in which you will be working if hired.

V. **Background** – An initial investigation of your background and qualifications will be conducted to further evaluate your experience and personal history. Background investigations include, but are not limited to the following: criminal history, locals check, employment references, and if applicable, a driving history and a neighborhood check.

VI. **Conditional Offer** – Once your application has been reviewed and selected by the command staff, you will receive a Conditional Offer of Employment. You will be scheduled to complete the testing process. Should you complete the below listed events, this will enable you to be qualified for appointment by the Chief of Police. The issuance of this offer does not assure appointment by the Chief.

VII. **Psychological Examination** – Consists of a written test with no time limit and personal interview with a certified psychologist. The length of the examination can vary from two to four hours in length.

VIII. **Drug Screening** – You will be required to submit a urine sample.

IX. **Physical/EKG/TB Test** – Applicants will be required to take a medical examination that will be scheduled with the department's contracted physician during the testing process.

X. **Completion** – The total time to process your application usually takes 1 -12 weeks from the time the full application is submitted, complete with all of the required documents. Time may vary with test scheduling, complexity of the background investigation and/or the need of the police department.

XI. **Applicant Pool** – If your background is judged suitable, you will be notified and placed into the "Applicant Pool." Based upon the needs of the office and the rate of turnover, your file, along with other qualified applicants will be reviewed by the Administrative Staff. If selected for a position, you will receive a Conditional Offer of Employment (COPE).

XII. **Eligibility** – You may remain in the "Applicant Pool" for a period of one (1) year. If you are not chosen for a position during the one year period, you must reapply and go through the selection process again.

XIII. **Disqualification** – If the applicant is disqualified at any time during the selection process, the file is placed in an inactive status for a period of one (1) year. After the one year period has expired, the applicant may reapply.

If you need assistance in completing the application or if you have any questions, simply give the background investigator a call.

The Key West Police Department is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion, or any other legally protected status.

AUTHORIZATION FOR RELEASE OF INFORMATION

Having made application with the **Key West Police Department**, I agree to submit to the Department's selection process and understand that I must successfully complete this process before being given final consideration for employment.

So the Key West Police Department is fully informed of my previous record and character, **I hereby authorize an investigation of my background and the obtaining of any and all information which may concern my record and character, whether the records are of a public, private, or confidential nature, including the results of any polygraph or voice stress test, medical examination, drug screen, psychological test, or detailed credit check.** Further, I hereby release all persons whomsoever, from any charge or civil suit resulting from furnishing of information.

I intend this **authorization to include, among other records** from any other sources, release to the Key West Police Department by the National Personnel Records Center or other custodian of my **military record**, of information or photocopies from my **military personnel and related medical records, as well as from previous employers and educational institutions.**

In the event of my employment, I agree to abide by all present and subsequently issued rules of the department. I further understand that as a part of the selection process, I will be required to submit to a Voice Stress (CVSA) examination administered by a certified operative. I understand that refusal to take the Voice Stress test will result in my immediate removal from the employment process.

In the event of my employment and in consideration thereof, the department and any person or entity it may authorize shall be entitled without further consent to use in any manner required any picture or photograph of me, or any audio or video recording of me.

The department is authorized to request a transcript where necessary in order to verify my education. I further agree to submit my fingerprints for a records check by the Federal Bureau of Investigation.

I understand and agree the Department may terminate my consideration for employment or my employment after being hired if any unacceptable response is received during my background investigation. I understand the background investigation includes an on-site investigation that may be conducted prior to my employment or anytime during the first twelve months of employment. I further understand that if I am denied employment or am terminated from employment, I may not reapply for six (6) months.

By my signature, I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other personnel record may result in my not being employed or, if employed, in my termination from employment. I further realize that pursuant to Florida Statutes 119.07 and 286.001, the Public Records and Sunshine Laws, any documents received while conducting my background investigation are a matter of public record.

I attest that I have read and understand the intent and use of this document, and authorize its use of my own free will. I further release the City of Key West, the Key West Police Department and its employees and agents, from any claim and/or liability in the use of this document or the collection of information concerning me.

A PHOTOCOPY OF THIS FORM WILL BE AS VALID AS AN ORIGINAL EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE:

(TYPE/PRINT FULL NAME OF APPLICANT) **D.O.B.:** _____ **S.S.#:** _____

(SIGNATURE OF APPLICANT) **DATE:** _____

NOTARY:

Personally appeared before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements,

Known to me to be the person described in and who executed the foregoing application for employment as his/her true act and deed.

STATE OF: _____ **COUNTY OF:** _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____,

who is personally known to me or who has produced _____ as identification and who (did) (did not) take an oath.

Notary Public: _____ **Commission #:** _____ **Expiring:** _____



To: *Concerned Person or Authorized Representative of Any
Organization, Institution or Repository of Records*

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION:

Key West (FL) Police

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD-214, Report of Separation, to:

Background Investigator
Key West Police Department
1604 N Roosevelt Blvd.
Key West, Florida 33040

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - an Employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (&) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature

Date

Applicant's Address

AFFIDAVIT

STATE OF _____

COUNTY
OF _____

Before me personally appeared _____ who says that he / she executed the above instrument
of _____
his / her own free will and accord, with full knowledge of the purpose thereof.

Sworn and subscribed in my presence this _____ day of _____, 20 _____. My commission
expires on _____, 20 _____.

Notary Public

Personally known _____ - or - Produced Identification _____

Type of Identification Produced: _____

APPLICANTS CERTIFICATION

I understand that my employment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Police Department. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete to the best of my knowledge. I further fully understand and consent to a Certified Voice Stress Analysis concerning the veracity of my responses to the information requested on this application or which is discovered as a result of the background investigation, or any physical examination or drug test. I also understand that I may be fingerprinted. I understand that this employment application shall become the property of the Police Department and that it and the information received in response to the background examination are public records.

I further understand and agree that my employment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted during work or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the Police Department and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Police Department.

I agree to conform to the rules, regulations, and policies of the Police Department and acknowledge that these rules, regulations and policies may be changed, interpreted, withdrawn or added by the Police Department, at its discretion, at any time and without any prior notice to me.

Signature of Applicant

Date

Signature of Witness

Date

State of _____
County of _____

Sworn to and subscribed before me,

This _____ day of _____ 20____ by _____ who is personally

known to me or has produced _____ (Type of Identification)
_____ as identification.

(Identification Number)

(Seal Above)

(Signature) Notary Public, Commission No. _____

Name of Notary

IF APPLICABLE, SUBMIT COPIES OF THE FOLLOWING:

1. Birth Certificate
2. Proof of Naturalization
3. Educational Certificates
 - a. High School Diploma (mandatory)
 - b. High School Equivalency
 - c. College Diploma
 - d. Other School or Training Certificates
 - e. Official College Transcripts
4. Current Valid Florida or out of State Driver's License
5. Military Service discharge or separation papers (DD-214 long form)
6. Marriage License(s)
7. Divorce Papers
8. Official documentation of any name change
9. TABE Test Results
10. Copy of Social Security Card
11. Recent photo, passport type in size.

If you have any questions regarding the above, contact the recruiter at 305-809-1087